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## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC [X]CLEC []ILEC []Wireless $\mathcal{D}_{Ol} \leq -(2 \cdot N)$

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	CERTIFICATED COMP	PANY INFORMATION
ATC C	Dutdoor DAS, LLC	
_	any Name	LEIIN/22IN
•	N/A	617-375-7500
Dba/fk		Telephone #
116 -	luntington Ave, 11th Floor	·
	ng Address	
	on, MA 02116	
	State, Zip Code	
Oity, C	stato, zip oodo	
Busine	ess Location	
City, S	State, Zip Code	County
	REGISTERED AGE	NT INFORMATION
Regis	tered Agent: CT Corporation System	
	<u> </u>	
Mailin	g Address: <u>75 Beattie Place, Two Insignia Financial F</u>	Plaza
0	21.1.7.0.1.0.2.11.00.00004	
City, S	State, Zip Code: Greensville, SC 29601	
Α.	Gerard Ainsztein	print or type company contact for the following areas:
	General Manager (Include address if different than above.)	
	919-466-5563 / 919-466-5564	/ gerard.ainsztein@americantower.com
	Telephone Number Facsimile Number	E-mail Address
B.	Scott Lewis, Director DAS Deployment	
	Customer Relations /Complaints Representative (Include	e address if different than above.)
	919-466-5095 /	/ scott.lewis@americantower.com
	Telephone Number Facsimile Number	E-mail Address
C1.	Scott Lewis, Director DAS Deployment	
01.	Customer Relations/Complaints Representative for Esca	alated Complaints (Include address if different than above.)
	919-466-5095 /	/ scott.lewis@americantower.com
	Telephone Number Facsimile Number	E-mail Address
C2.	1-877-282-7483	<b>1</b>
02.	Customer Contact (Toll Free Number)	「」
n	Scott Lewis, Director DAS Deployment	· · · · · · · · · · · · · · · · · · ·
D.	Engineering Operations (Include address if different than a	above.)
	919-466-5095 /	/ scott.lewis@americantower.com
	Telephone Number Facsimile Number	E-mail Address
_		हुं ँ ।
E.	Scott Lewis, Director DAS Deployment  Test and Repair (Include address if different than above.)	ĬĎ.
	• (	/ coeff lowin@amorinantower.com
	919-466-5095 / Telephone Number Facsimile Number	/ scott.lewis@americantower.com E-mail Address
	Totophono Hambot	— · · · · · · · · · · · · · · · · · ·

F.	Customer Service						
	Emergencies (During non-office	e hours)					
		,	,				
	<u>1-877-282-7483</u>			F 2 Add	<del></del>		
	Telephone Number	Facsimile Number		E-mail Address			
n add	lition, please provide the followin	g company contact info	ormation	to assist in proper routing of correspo	ndence and invoices:		
G.	Shawn Lanier, VP Leg			<u></u>			
	Regulatory Officer (Include	address if different than	above.)				
	781-926-7057 /	781-926-4545	1	shawn.lanier@americantower.com			
	Telephone Number	Facsimile Number		E-mail Address	· · · · · · · · · · · · · · · · · · ·		
	•						
Ⅎ.	Shawn Lanier, VP Leg	ıal					
	Dual Party Mailings (Name)						
	American Tower Corporation, 10 Presidential Way, Woburn, MA 01801						
	Mailing Address						
	781-926-7057   /	781-926-4545		shawn.lanier@americantower.com			
	Telephone Number	Facsimile Number		E-mail Address			
l.	Shawn Lanier, VP Leg	ıal					
	Interim LEC Fund Mailings (N						
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	Mailing Address	oration, 10 Presidential \	way, woo	um, MA 01801			
	781-926-7057 /	781-926-4545	1	shawn.lanier@americantower.com			
	Telephone Number	Facsimile Number		E-mail Address			
	•			E maii Address			
	Shawn Lanier, VP Lec						
	Universal Service Fund Mailin	<b>gs</b> (Name)					
	American Tower Corp	oration, 10 Presidential \	Nav. Wob	urn. MA 01801			
	Mailing Address						
	<u>781-926-7057</u> /	781-926-4545		shawn.lanier@americantower.com			
	Telephone Number	Facsimile Number		E-mail Address			
K.	Shawn Lanier, VP Leg	ıal					
	Gross Receipts Mailings (Na						
		oration, 10 Presidential \	<u> Way, Wob</u>	urn, MA 01801	_		
	Mailing Address	704 000 4545	,				
	781-926-7057 /	781-926-4545		shawn.lanier@americantower.com			
	Telephone Number	Facsimile Number		E-mail Address			
	Shawn Lanier, VP Leg	ıal					
	Lifeline Mailings (Name)						
	American Tower Corporation, 10 Presidential Way, Woburn, MA 01801						
	Mailing Address						
	<u>781-926-7057 /</u>	781-926-4545		shawn.lanier@americantower.com			
	Telephone Number	Facsimile Number		E-mail Address			
	April Viera			De (le)			
	This form was completed by (pri	nt name)		Signature			
	Paralogal		Marah	18, 2015			
	Paralegal Title	<del></del>	iviarun	Date			
	Tiue			Date			
	RETURN COMPLETED FORM	TO:					
	Public Service Com	mission of SC		Office of Regulatory Staff			
	Clerk's Office	initiooloti of oo		Attn: Jeanne Gordon			
	Post Office Drawer	11649		1401 Main Street, Suite 900			
	Columbia, South Ca			Columbia, South Carolina 29201	(Rev. PSC 11/2010		
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